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25944 7590 05/04/2004

**OLIFF & BERRIDGE, PLC
P.O. BOX 19928
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(Depositor's name)

(Signature)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/828,798	04/10/2001	Takao Daicho	109146	8412

TITLE OF INVENTION: HEALTH FOOD PRODUCTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/04/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
LEITH, PATRICIA A	1654		424-725000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Daicho Kikaku Incorporated Company Shizuoka, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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Issue Fee

A check in the amount of the fee(s) is enclosed.

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(Authorized Signature)

Julie Seaman (Date)

Julie M. Seaman Reg. No. 51,156 August 4, 2004

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08/05/2004 JADDD2	00000078 09828798
01 FC:1504	300.00 OP
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